

SHEET METAL WORKERS' LOCAL 12
QUESTIONNAIRE REGARDING
ASBESTOS ON JOBSITE

1. Name of Worker:_____ IA # _____

2. Date Reported to Union:_____

3. Jobsite/Address:_____

4. Employer:_____

Job Foreman:_____

5. Identify other Contractors on Jobsite:

General Contractor:_____

Subcontractors:_____

6. Individual Names Associated With Other Contractors:

General Contractor:_____

Subcontractors:_____

7. Premise Owner:_____

8. Individual Names Associated with Premise Owners:

9. Identify specific location at jobsite where work of your employer was being performed:

10. Do you believe you were exposed to asbestos on the jobsite?

Yes: _____ No: _____

11. Dates of Exposure: _____

12. What type of asbestos product or products were you exposed to – please check:

- Pipe Covering _____
- Block _____
- Cement _____
- Gaskets _____
- Rope _____
- Electrical Products _____
- Floor Tile _____
- Ceiling Tile _____
- Wall Board _____
- Joint Compound _____
- Fire Proofing _____
- Other (please define) _____

13. Briefly describe the nature of work being performed when exposure to asbestos occurred including the type of tools being used:

14. Who, if anyone, advised you that the material contained asbestos?

Individual's Name: _____

Employer: _____

15. Was the material tested by a lab?

Yes _____ No _____ No Knowledge _____

Name of the lab that tested the product: _____

16. If you answered 'Yes' to question #14, who had the material tested by a lab?

Individual's Name: _____

Employer: _____

No Knowledge: _____

17. How were you made aware of the lab results, if you were made aware?

18. Were you given a copy of the lab results?

Yes _____ No _____

19. Did you request a copy of the lab results?

Yes _____ No _____

20. Were you warned prior to the asbestos exposure that the material could and/or did contain asbestos?

Yes _____ No _____

21. If you answered 'Yes' to Question #20, identify who provided the warning:

Individual's Name: _____

Employer: _____

22. Did you and/or your co-workers and/or employer ask the General Contractor and/or Premise Owner whether the material contained asbestos prior to performing the work at issue?

Yes _____ No _____

23. If you answered "Yes" to Question #22, who provided the information regarding whether or not the material contained asbestos?

Individual's Name: _____

Employer: _____

24. If you answered "Yes" to Question #22, please briefly describe what information was provided:

25. When you had an exposure to asbestos, were you wearing a respirator?

Yes _____ No _____

26. If you answered "Yes" to Question #25, what type of respirator were you wearing and who provided the respirator?

27. When you were exposed to asbestos, was air sampling being conducted in the area?

Yes _____ No _____

28. Quantify the length of exposures (i.e.: hours, days, etc.):

29. Were you provided with any written material after the exposure from your employer and/or other contractors and/or the premise owner?

Yes _____ No _____

30. If you answered "Yes" to Question 29, describe the written material that was provided or attach a copy of it.

31. Was OSHA contacted regarding the exposure?

Yes _____ No _____ No Knowledge _____

32. If OSHA was contacted, identify who contacted OSHA?

Individual's name: _____

Employer: _____

No Knowledge: _____

Name of OSHA Representative: _____

33. Briefly describe the response of your employer when it was determined that you were exposed to asbestos:

**LIST OF OTHER WORKERS WHO MIGHT
HAVE BEEN EXPOSED AT THE SAME TIME**

1. NAME: _____ EMPLOYER _____
2. NAME: _____ EMPLOYER _____
3. NAME: _____ EMPLOYER _____
4. NAME: _____ EMPLOYER _____
5. NAME: _____ EMPLOYER _____
6. NAME: _____ EMPLOYER _____
7. NAME: _____ EMPLOYER _____
8. NAME: _____ EMPLOYER _____
9. NAME: _____ EMPLOYER _____
10. NAME: _____ EMPLOYER _____
11. NAME: _____ EMPLOYER _____
12. NAME: _____ EMPLOYER _____
13. NAME: _____ EMPLOYER _____
14. NAME: _____ EMPLOYER _____
15. NAME: _____ EMPLOYER _____
16. NAME: _____ EMPLOYER _____
17. NAME: _____ EMPLOYER _____
18. NAME: _____ EMPLOYER _____
19. NAME: _____ EMPLOYER _____
20. NAME: _____ EMPLOYER _____

AFFIDAVIT

My name is _____, I.A.# _____ and
I am a member of Sheet Metal Workers' Local 12. I have completed questionnaire
entitled "Sheet Metal Workers' Local 12 Questionnaire Regarding Asbestos on Jobsite
and submitted it to the union. The information is true and accurate to the best of my
knowledge.

Signed _____

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____,
2_____.

Notary Public _____